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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X □ Agent □ Addressee
	B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to: UR ANDREW, DEAN	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
310 Riverside Dr. Adris	
NEWYORK, NY 10025- 4123	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7010 [	0290 0000 4170 5251 5(
	Receipt 102595-02-M-1540